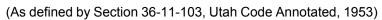
## **Lobbyist Registration**





Please type or print with ink.

| I   | NFORMATION ABO               | OUT THE L                                      | OBBYIS                                  | Γ               |                   |              |  |
|---|------------------------------|--|---|-----------------|-------------------|--------------|--|
| Name of Lobbyist  |                              |  | E-mail Address                          |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
| Business Address  |                              |  | City                                    |                 | State             | Zip Code     |  |
|   |                              |  |   |                 |                   |              |  |
| Temporary Address During Legislative Session  |                              |  | City                                    |                 | State             | Zip Code     |  |
|   |                              |  |   |                 |                   |              |  |
| Business Telephone Number Home Telephone Number   |                              | er   | Temporary Telephone Number During Sessi |                 | er During Session |              |  |
|   |                              |  |   |                 |                   |              |  |
| Elected or appointed position that the lobbyist hold  | ds in state or local govern  | nment (if any)                                 |   |                 |                   |              |  |
| , ,   | Ç                            | , ,,   |   |                 |                   |              |  |
| Name of person who paid or will pay lobbyist's reg  | istration fee (if not the lo | bbvist)  |   |                 |                   |              |  |
|   | ,                            |  |   |                 |                   |              |  |
| Address of person who paid or will pay lobbyist's registration fee (if not the lo   |                              |  | City                                    |                 | State             | Zip Code     |  |
| The same of possible time paid of the pay 1822 years region and the first time to   |                              |  | Joney 1                                 |                 | Cidio             | 2.6 0000     |  |
| Types of expenditures for which the lobbyist will be  | o roimburood                 |  |   |                 |                   |              |  |
| Types of experiorates for which the lobbyist will be  | e reimburseu                 |  |   |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
| PRINCIPALS FOR WHICH THE LOBBYIST WORKS O   |                              |  |   |                 |                   |              |  |
| Principal's Name (first, middle, last)  |                              | Principal's Address (street, city, state, zip) |   |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
| Please Note: If there are more than three principals, attach a sheet with additional names and addresses.   |                              |  |   |                 |                   |              |  |
| Please Note. If there are in  | ore than three principals,   | allach a shee                                  | t with addit                            | ional names and | addresses.        |              |  |
| I do solemnly swear that my lobbyist li   | cense has never be           | en suspend                                     | ed or rev                               | oked, or that   | I have take       | n the neces- |  |
| sary steps to have my license reinstate   |                              |  |   |                 |                   |              |  |
| obtain a lobbyist license. I have read S  |                              |  |   |                 |                   |              |  |
| and Regulation Act," and I will comply with all applicable financial disclosure requirements. I do swear that the above   |                              |  |   |                 |                   |              |  |
| is a true, complete, and correct statement and that I submit this application with a <b>fee of \$25.00</b> to the Lieutenant  |                              |  |   |                 |                   |              |  |
| Governor of Utah for the purpose of obtaining a <b>Lobbyist's License for the period ending December 31, 2004</b> pursuant to the provisions of Section 36-11-103, Utah Code Annotated, 1953. |                              |  |   |                 |                   |              |  |
| paradam to the providence of cooling  |                              |  | .,                                      |                 |                   |              |  |
|   |                              |  |   |                 |                   |              |  |
| Signature of Lobbyist   |                              |  | Date                                    |                 |                   |              |  |
| To Submit this Form   |                              | For Office Use Only                            |   |                 |                   |              |  |
| Mail or deliver it to   |                              | │  | ered                                    |                 | •                 | Received     |  |
| Office of the Lieutenant Gov  | rernor                       |  | ense Issued                             |                 | 2410              | . 1000.100   |  |
| 115 State Capitol   |                              |  | ense issued                             | 1               |                   |              |  |
| Salt Lake City, Utah 84114  |                              |  |   |                 |                   |              |  |
| fax: (801) 538-1133   |                              |  |   |                 |                   |              |  |
| For More Information  | on                           |  |   |                 |                   |              |  |
| Contact the Elections Divi  | sion                         |  |   |                 |                   |              |  |
| of the Office of the Lieutenant Governor by   |                              |  |   |                 |                   |              |  |
| calling (801) 538-1041or 1-800-995-VOTE   |                              |  |   |                 |                   |              |  |

Utah Elections 11/2002